

...UNDERSTAND TRAUMA INFORMED CARE (TIC)

Over half of the US population has experienced enough childhood trauma to negatively impact their adult functioning and long-term health. EE program staff can benefit from understanding TIC in order to deliver effective programming, but also to protect themselves from secondary traumatic stress (due to exposure via client trauma). This understanding moves EE program staff from asking “*what’s wrong with you?*” to wondering “*what happened to you?*”

The Adverse Childhood Experiences (ACE) study examined more than the classic abuse and/or neglect categories and considered the impact of household substance abuse, criminal behavior, maternal depression, domestic violence, and loss of parental relationships on children. This was recently expanded to include other sources of trauma such as accidents, disasters, chronic stress of poverty or oppression, community or school assaults, and other related experiences.

According to the US Center for Disease Control and Prevention (CDC), if a child experiences four or more trauma categories prior to their full brain development by the mid-20s, their neuro-development may be irreversibly disrupted in very specific and consistent ways.

Trauma activates the brain’s adaptive stress response system that readies people to fight, flight, or freeze in the face of danger, thus helping survive horrific situations. Multiple traumas with chronic or unrelenting stress can cause the response system to get “stuck” in an activated state and this can be detrimental to both current functioning and long term health. An activated stress response system uses a shortcut to bypass the cortical area, which houses rational thinking, and causes immediate reactions (again, fight, flight or freeze) rather than more thoughtfully considered responses.

Unfortunately, people who have experienced trauma may overinterpret threats and be easily “triggered” to feel they’re reexperiencing their original trauma, even if there is no actual danger or causal reasons. Their stress response system may be chronically activated, so they present as impulsive, aggressive or disengaged.

These symptoms, and more, are often displayed in EE clients and can result in poorly controlled emotions and/or behaviors. This apparent dysregulation is frequently punished, when, in fact, these are more likely a trauma response than an intentional misbehavior.

Normally staff might encourage clients to “stop and think” or provide consistent and negative consequences for inappropriate conduct, but these simply do not work when trauma is involved, because the brain isn’t controlling thoughts or decisions. Punishment becomes simply another threat or trigger, keeping the stress system activated and over-reactive. So staff need new tactics to effectively manage client conflicts, meltdowns, or misbehaviors.

Many key components of EE, such as providing a safe and inclusive space to develop relationships, practice new skills, set their own levels of participation, change their minds, and even make and learn from mistakes, mirror trauma informed practice. Additional tactics could be learned and practiced under the tutelage of a TIC specialist. Trauma cannot be erased or eliminated, TIC can assist clients with past trauma to manage their lives by building on their existing strengths, improving newfound competence, and increasing personal resilience.

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FURTHER RESOURCES

READING

Adubasim, I. J., & Ugwu, C. (2019). Impact of trauma on neurodevelopment and learning. *Archives in Neurology and Neuroscience*, 3(2), 1-4. <https://doi.org/10.33552/ANN.2019.03.000557>

Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry*, 31(3), 197-210.

Cozolino, L. (2017). *The neuroscience of psychotherapy: Healing the social brain* (3rd ed.). W. W. Norton.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

Harris, N. B. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. Houghton Mifflin Harcourt.

Holmes, S., Facemire, V., & DaFonseca, A. (2016). Expanding Criterion A for Posttraumatic Stress Disorder: Considering the deleterious impact of oppression. *Traumatology*, 22(4), 314–321. <https://doi.org/10.1037/trm0000104>

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *Lancet Public Health*, 2(8), e356-e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)

Lo Coco, G., Tasca, G., Hewitt, P., Mikail, S., & Kivlighan, Jr., D. (2019). Ruptures and repairs of group therapy alliance. An untold story in psychotherapy research. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 22(1), 58-70. <https://doi.org/10.4081/ripppo.2019.352>

Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of adverse childhood experiences from the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, 172(11), 1038-1044. <https://doi.org/10.1001/jamapediatrics.2018.2537>

Ortega, R. M., & Garvin, C. D. (2019). *Socially just practice in groups: A social work perspective*. Sage.

Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The Neurosequential Model of Therapeutics. In N. B. Webb (Ed.), *Social work practice with children and families: Working with traumatized youth in child welfare* (pp. 27–52). Guilford Press.

Perry, B. D., & Pollard, R. (1998). Homeostasis, stress, trauma, and adaptation: A neurodevelopmental view of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America*, 7(1), 33-51.
[https://doi.org/10.1016/S1056-4993\(18\)30258-X](https://doi.org/10.1016/S1056-4993(18)30258-X)

Porges, S. W. (2011). *The Polyvagal Theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton.

Shafir, T. (2015). Movement-based strategies for emotion regulation. In M. L. Bryant (Ed.), *Handbook on emotion regulation: Processes, cognitive effects and social consequences* (pp. 231-249). Nova Science.

Tucker, A. R. (2009). Adventure-based group therapy to promote social skills in adolescents. *Social Work with Groups*, 32(4), 315-329. <https://doi.org/10.1080/01609510902874594>

Tucker, A. R., Norton, C. L., Itin, C., Hobson, J., & Alvarez, M. A. (2016). Adventure therapy: Nondeliberative group work in action. *Social Work with Groups*, 39(2-3), 194-207.
<https://doi.org/10.1080/01609513.2015.1048416>

VIEWING

Centers for Disease Control and Prevention (CDC). Violence Prevention. Adverse Childhood Experiences (ACEs). <https://www.cdc.gov/violenceprevention/aces/index.html>

National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). *Secondary traumatic stress: A fact sheet for child-serving professionals*. National Center for Child Traumatic Stress.
https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf

Substance Abuse and Mental Health Services Administration. (2014a). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration.
<https://store.samhsa.gov/system/files/sma14-4884.pdf>

Substance Abuse and Mental Health Services Administration. (2014b). *Trauma-informed care in behavioral health services: Treatment Improvement Protocol (TIP) Series 57*. Substance Abuse and Mental Health Services Administration. https://www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf

Substance Abuse and Mental Health Services Administration, & Health Resources and Services Administration. (n.d.). *Trauma*. SAMHSA-HRSA Center for Integrated Health Solutions.
<https://www.integration.samhsa.gov/clinical-practice/trauma>

Wineman, S. (2008). *Power under: Trauma and nonviolent social change*. Author.
<http://www.traumaandnonviolence.com/index.html>